Fill in this information to identify	your case:		3 -				
Debtor 1							
First Name Debtor 2	Middle Name	Last Name					
(Spouse, if filing) First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		District of					
Case number(If known)				Check if the	nis is:		
(ended filing		
					plement showing post-petition er 13 income as of the following date:		
Official Form B 6I			MM / DE	D/YYYY			
Schedule I: You				12/13			
supplying correct information. If ye	ou are married and not fi use is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	ur spo ormati	use is living with y on about your spo	or 2), both are equally responsible for rou, include information about your spouse use. If more space is needed, attach a known). Answer every question.		
Fill in your employment information.					Debtor 2 or non-filing spouse		
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employ	ed		☐ Employed ☐ Not employed		
Include part-time, seasonal, or self-employed work.							
Occupation may Include student or homemaker, if it applies.	Occupation						
	Employer's name						
	Employer's address	Number Street	Number Street		Number Street		
	How long employed the	City	State	ZIP Code	City State ZIP Code		
Part 2: Give Details Abour							
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a	ave more than one employ	er, combine the info	Ū		rite \$0 in the space. Include your non-filing or that person on the lines		
				For Debtor 1	For Debtor 2 or non-filing spouse		
List monthly gross wages, sal deductions). If not paid monthly,			2.	\$	\$		
3. Estimate and list monthly ove	rtime pay.		3.	+\$	+ \$		
4. Calculate gross income. Add li		4.	\$	\$			

Official Form B 6I Schedule I: Your Income page 1

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Document

Case number (if known)_

Debtor 1

First Name	Middle Name	Last Name

			For Debtor 1		For Debtor 2 or non-filing spouse	
C	ppy line 4 here	→ 4.	\$		\$	
5. Li :	st all payroll deductions:					
5	a. Tax, Medicare, and Social Security deductions	5a.	\$		\$	
	b. Mandatory contributions for retirement plans	5b.	\$		\$	
5	c. Voluntary contributions for retirement plans	5c.	\$	_	\$	
5	d. Required repayments of retirement fund loans	5d.	\$	_	\$	
5	e. Insurance	5e.	\$	_	\$	
5	f. Domestic support obligations	5f.	\$	_	\$	
5	g. Union dues	5g.	\$	-	\$	
5	h. Other deductions. Specify:	5h.	+\$	_ +	+ \$	
6. /	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	-	\$	
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	-	\$	
8. L	ist all other income regularly received:					
8	a. Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	-	\$	
8	Bb. Interest and dividends	8b.	\$		\$	
8	Sc. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent	•	-		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	-	\$	
8	d. Unemployment compensation	8d.	\$	-	\$	
8	Be. Social Security	8e.	\$	-	\$	
8	If. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	-	\$	
	Bg. Pension or retirement income	8g.	\$	-	\$	
8	Bh. Other monthly income. Specify:	8h.	+\$		+\$	•
9. A	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$]	\$	
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	+	\$	= \$
11. S	tate all other regular contributions to the expenses that you list in Sche	dule J				
	clude contributions from an unmarried partner, members of your household, ther friends or relatives.	your d	ependents, your ro	omma	ates, and	
	o not include any amounts already included in lines 2-10 or amounts that are			enses		
S	pecify:				11	. + \$
	dd the amount in the last column of line 10 to the amount in line 11. The Irite that amount on the Summary of Schedules and Statistical Summary of C				•	
	Do you expect an increase or decrease within the year after you file this	form?				Combined monthly income
	☐ No. ☐ Yes. Explain:					